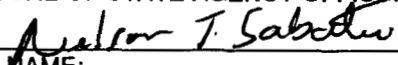



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>03-10</u>	2. STATE: Maryland
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: See Attached		7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$ _____ b. FFY <u>2004</u> \$ _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: page 21a and 29a, 296		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 21a (SPA98-5) and 29a (SPA98-5) and 296	
10. SUBJECT OF AMENDMENT: This amendment is necessary to sunset the QI-2 (SLMB III) coverage, effective 12/31/02.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 West Preston Street, Suite 124 Baltimore, Maryland 21201	
13. TYPED NAME: Nelson J. Sabatini			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 28, 2003			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2003		18. DATE APPROVED: MAY 30 2003	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mary T. McSorley		22. TITLE: Associate Regional Administrator Division of Medicaid + Children's Health	
23. REMARKS:			

FEDERAL REGULATION CITATIONS:

Attachment 2.2 A	42 CFR 435.10
Attachment 2.6 A	42 CFR Part 435, Section 435.10 and Subparts G & H AT-78-90, AT-80-6, AT-80-34 1902(l) and (m) of the Act, P.L. 99-509 (Secs. 9401 and 9402), 1902(l) and (m) and 1920 of the Act, P.L. 99-509 (Secs. 9401, 9402, and 9407)
Attachment 3.1 A	Part 400, Subpart B and 1902(e)(5), 1905(a)(13) through (20), and 1920 of the Act, P.L. 99-272 (sections 9501, 9505 and 9526) and 1902(a), 1902(a)(47), 1902(e)(7) through (9), and 1920 of the Act, P.L. 99-509 (sections 9401(d), 9403, 9406 through 9408) and P.L. 99-514 (section 1895(c)(3))
Attachment 3.1 B	42 CFR Part 440, Subpart B, 42 CFR 441.15, AT-78-90, AT-80-34
Attachment 3.1 C	42 CFR 431.53, AT-78-90
Attachment 3.1 F	1905(a)(24) and 1930 of the Act, P.L. 101-508 (Section 4712 OBRA 90)
Attachment 4.18 A	447.51 through 447.58
Attachment 4.18 C	447.51 through 447.53
Attachment 4.19 A & B	(a) 42 CFR 447.252, 46 FR 44964, 48 FR 56046, 50 FR 23009, 1902(e)(7) of the Act, P.L. 99-509 (section 9401(d)) (b) 42 CFR 447.201, 42 CFR 447.302, AT-78-90, AT-80-34, 1903(a)(1) and (n) and 1920 of the Act, P.L. 99-509 (Section 9403, 9406 and 9407), 52 FR 28648
Attachment 4.16	42 CFR 431.615(c) AT-78-90
Attachment 4.19 D	(d) 42 CFR 447.252, 47 FR 47964, 48 FR 56046, 42 CFR 447.280, 47 FR 31513, 52 FR 28141
Attachment 4.22 A	(a) 433.137(a), 50 FR 46652, 55 FR 1423
Attachment 4.22 B	(b) 433.133(f), 52 FR 5967, 433.133(g)(1)(ii) and (2)(ii), 52 FR 5967, 433.133(g)(3)(i) and (iii), 52 FR 5967, 433.133(h)(4)(i) through (iii), 52 FR 5967
Attachment 4.22 C	Section 1906 of the Act
Attachment 4.26	1927(g) 42 CFR 456.700, 1927(g)(1)(A), 1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b), 1927(g)(1)(B) 42 CFR 456.703(d) and (f), 1927(g)(1)(D) 42 CFR 456.703(b), 1927(g)(2)(A) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7), 1927(g)(2)(A)(ii) 42 CFR 456.705(c) and (d), 1927(g)(2)(B) 42 CFR 456.709(a), 1927(g)(2)(C) 42 CFR 456.709(b), 1927(g)(2)(D) 42 CFR 456.711, 1927(g)(3)(A) 42 CFR 456.716(a), 1927(g)(3)(B) 42 CFR 456.716 (A) and (B), 1927(g)(3)(C) 42 CFR 456.716(d) 1927(g)(3)(C) 42 CFR 456.711 (a)-(d), 1927(g)(3)(D) 42 CFR 456.712 (A) and (B), 1927(h)(1) 42 CFR 456.722, 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(j)(2) 42 CFR 456.703(c)
Attachment 4.32 A	(a) 435.940 through 435.960, 52 FR 5967
Attachment 4.33 A	(a) 1902(a)(48) of the Act, P.L. 99-570 (Section 11005), P.L. 100-93 (Section 5(a)(3))
Attachment 4.35 A	(a) 1919(h)(1) and (2) of the Act, P.L. 100-203 (Section 4212(a))
Attachment 4.35 B	(b) Same as above

21a

Revision: HCFA-PM-97-3 (CMSO)
December 1997
State: Maryland

1925 of the
Act

(a)(5) Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families
described in section 1925 of the Act are
provided as indicated in item 3.5 of this
plan.

TN No. 03-10

Supersedes TN No. 98-5 Approval Date MAY 30 2003 Effective Date JAN 1, 2003

Revision: HCFA-PM-97-3
December 1997
State:

(CMSO)

Maryland

Citation

1902(a)(10)(E)(ii)
and 1905(s) of the Act

- (ii) Qualified Disabled and Working
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under the State buy-in process subject to any contribution required as described in ATTACHMENT 4.18-F., for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)
and 1905 (p)(3)(A)(ii)
of the Act

- (iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902 (a)(10)(E)(iv)(I),
1905 (p)(3)(A)(ii), and
1933 of the Act

- (iv) Qualifying Individual – 1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902 (a)(10)(E)(iv)(I) and subject to 1933 of the Act.

TN No. SPA03-10 .
Supersedes TN No. 98-5

Approval Date: MAY 30 2003 Effective Date JAN 1, 2003

Revision: HCFA-PM-97-3 (CMSO)
 December 1997
 State: Maryland

Citation

1843 (b) (and 1905 (a)
 of the Act and
 42 CFR 431.625

(v) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625 (d)(2).

Individuals receiving title II or Railroad Retirement benefits.

Medically needy spend-down and medically needy non—QMB eligible individuals (FFP is not available for this group).

1902 (a)(30) and
 1905 (a) of the Act

(2) Other Health Insurance

— The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

TN No. 03-10

Supersedes TN No. 98-5

Approval Date MAY 30 2003 Effective Date 12/31/02